STUDENT NAME: _____
Last name, First Name

PSR Emergency Information Card

In case of accident or serious illness, I request the PSR to contact me. If the school is unable to reach me, I hereby authorize the PSR to call the physician indicated below and to follow his instructions. If it is impossible to contact the physician, the PSR may follow my instructions below or make whatever arrangements seem necessary.

_____ _____
Signature of Parent/Guardian **Date**

_____
PRINTED name of Parent/Guardian

Parent/Guardian Home Phone: _____ Parent/Guardian Cell Phone: _____

If you are normally at another number during PSR, please include: _____

Health information which PSR should know about student, including any medication information, and wishes for handling any physical/medical emergency.

_____
_____
_____

Local Physician's Name: _____

Office Phone #: _____ Exchange/Home#: _____

Emergency Center/Hospital: _____ Phone #: _____

Emergency Center/Hospital Address: _____

Two nearby relatives or neighbors who will assume temporary care of your child if you cannot be reached:

Name: _____ Phone: _____
Address: _____

Name: _____ Phone: _____
Address: _____